

# Knowledge and practices on menstrual hygiene management of adolescent girls in Kasturba Gandhi Balika Vidyalayas (KGBV) of Assam

■ Sampreety Gogoi

Sarba Siksha Abhiyan Mission Golaghat, GOLAGHAT (ASSAM) INDIA  
(Email : [sampreetygogoi@gmail.com](mailto:sampreetygogoi@gmail.com))

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## ABSTRACT

Menarche is the most important event in the life of an adolescent girl. Health education can play important role for correct menstrual hygiene. The Kasturba Gandhi Balika Vidyalaya provides educational facilities for girls belonging to SC, ST, OBC, minority communities and family below the poverty line in Educational Backward Blocks. Since girls are the mothers of future therefore along with formal education, knowledge and practices on menstrual hygiene is very essential. Therefore the study was conducted to assess the awareness levels of adolescent girls of KGBV on the aspects of menstruation. The state of Assam in India was selected for the study. Dibrugarh, Sibsagar, Lakhimpur, Nagoan, Kamrup and Barpeta were selected purposively. Nine KGBVs were selected. 20 per cent of the samples who attend puberty were selected. Total sample was 120 numbers. 100 per cent received knowledge on reproductive health and menstruation. 56.67 per cent were aware that menarche occurred between 11 to 12 years. 70.83 per cent girls regularly kept the record of menstruation cycle and 85 per cent maintain hygiene. The girls informed that in KGBVs, the warden and matron discussed regarding maintaining of hygiene. The girls had the basic knowledge and know the do's and don'ts during menstruation. Awareness among girls on issues related to sexual and reproductive health need to be created, emphasis may be given on various mass media, education and communication programmes. There should be a close linkage with the health department for health care and reproductive health information's in the KGBV.

## INTRODUCTION

As per Census 2011, adolescents contribute to 1/5 of India's population. Adolescents form a sizeable proportion of the population and an important resource of any country. According to WHO (1977) adolescent group comprises of people between the ages of 10 to 19

years. The main physical changes during this period include the adolescent's growth spurt, gonad growth, growth of secondary sexual organs and characteristics, changes in body composition and growth of respiratory, circulatory and muscular systems. The onset of adolescence is usually associated with the commencement of puberty and the appearance of

secondary sex characteristics. It is also a formative stage in term of sexual and reproductive maturity which influences one's reproductive health and wellbeing throughout life. During the whole period of adolescence menarche is the most important event in the life of an adolescent girl. Onset of menstruation is one of the important changes occurring among the girls during the adolescent years. Menstruation is monthly discharge of blood from the uterus of non-pregnant woman from puberty to menopause. It is physiological process which develops every month in response to cycle hormonal changes associated with ovulation *i.e.* menstruation and release of eggs. The first menstruation is called menarche, it comes between 11-15 years over the average of 13 years, and each woman has an individual cycle that is various in lengths. The average cycle is 28 days. The normal menstrual cycle comprises of bleeding lasting from 1 to 5 days occurring at the intervals of 28-30 days, there can be normal variation, interval, duration, amount of flow and mild pain may be associated with perfectly normal cycle. The reaction towards menstruation depends upon awareness and knowledge about the menstruation the manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche. Menstruation is a natural process; hygiene related practices of girls during menstruation are of considerable importance as it has a health impact in terms of increased vulnerability tract infection. Swarnalatha and Vasantha (2007) on attitude knowledge and beliefs of adolescent girls on reproductive health revealed poor knowledge of reproductive health and its related aspects. A study by Gupta and Sinha (2006) on awareness about reproduction and adolescent change in school girls found out that majority of girls have only partial or incomplete knowledge of facts on menarche and on physical changes. A study by Mahajan and Sharma (2004) revealed that the overall knowledge about menarche was poor among the rural as well as urban adolescent girls. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of women from reproductive tract infection. Having proper training and health education can play a very important role in transmitting vital message of correct menstrual hygiene to the adolescent girls of today. The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme was introduced by the Government of India in August, 2004,

which was then integrated in the Sarba Siksha Abhijan programme to provide educational facilities for girls belonging to Scheduled Castes (SC), Scheduled Tribes (ST), Other Backward Classes (OBC), minority communities and family below the poverty line in Educational Backward Blocks.

The KGBV programme is implemented in residential mode and is primarily meant to bring out-of-school (drop out or never enrolled) girls of 11+ age and girls from scattered habitations back into formal schooling. In exceptional cases girls who were in difficult circumstances and are unable to complete primary education were also enrolled in the KGBVs. It was positioned as an important strategy to address the challenges faced by girls after primary education. Since the adolescent girls are the mothers of future therefore along with formal education their knowledge and practices related to menstruation is very much essential in maintaining health status of themselves and to the future generation. Adolescent girls having knowledge regarding menstruation and safe practices would help them in reducing problems related to menstruation. Mahajan and Sharma (2004) revealed that the overall knowledge about menarche was poor among the rural as well as urban adolescent girls. In spite of changing social and cultural norms and practices in the society, the girls and women especially in the tribal areas and backward areas have less access to health care facilities. This information is often limited, wrong and confusing which makes the adolescent especially young girls to have incorrect notions and ideas which may lead to unsafe health practices.

#### **Research question :**

Whether knowledge and practices on menstrual hygiene management is provided for adolescent girls in KGBV?

#### **Purpose of study:**

Against this background, the present study was undertaken with the objective to examine the awareness levels of drop out adolescent girls of KGBV on the aspects of menstruation.

### **MATERIAL AND METHODS**

A total number of nine KGBVs were selected for the study, to assess the awareness levels of drop out adolescent girls of KGBV on the aspects of menstruation.

In all the nine KGBVs of the selected districts, all the wardens, teachers, were included and the KGBVs which had 50 numbers of girls 20 per cent of the samples who attended puberty were selected. Out of this from class six names of three numbers of samples who attended puberty were selected purposively from the attendance. In the same method, three girls were selected purposively from the attendance of class seven and four girls were selected purposively from the attendance of class eight who attended puberty. Total ten girls were selected. In KGBVs which had 100 numbers of girls 20 per cent of the sample were selected out of which from class six, names of six numbers of girls were selected purposively from the attendance. Similarly, six numbers of girls were selected purposively from class seven and from class eight names of eight numbers of girls were selected purposively from the attendance who attended puberty. Total twenty numbers of girls were selected. The overall sample was 120. In -depth personal interview, focus group discussion was held with the wardens, teachers, matrons and the girls of KGBV. An interview schedule was prepared for data collection which was also administered on the girls of KGBV. To ensure the validity of the research tool, the interview schedules were presented to the researcher's supervisor and send to experts and SSA officials for suggestion and verification. The critical suggestions were reviewed and accordingly, additions and changes of tools were done, thereby ensuring that items were properly structured and well constructed in order to collect the necessary data. In order to check reliability of the schedule, the interview schedule was pre- tested in the study areas to establish the extent to which they consistently measured what they are designed to measure. Areas of concern that needed clarity were revised in line with results of the pretest.

The researcher had collected the data initially from the State Mission Office of Sarba Siksha Abhiyan (SSA) Assam. After getting the details, the researcher had collected all the phone numbers of District Mission Coordinator (DMC) and District Programme Officers (alternative schooling) DPO (AS) who is the in charge of the KGBV. This had helped the researcher to go and visit the KGBVs of the districts which were located at the interior places of the rural areas. During the field visit the researcher had visited all the six districts of Assam and had acquired a variety of experiences of those villages and the EBBs, few of which had very bad road

condition and transportation. The six districts namely Dibrugarh, Sibsagar, Lakhimpur, Nagoan, Kamrup and Barpeta district were selected purposively for the study. The main reason for selection of these areas was to study the KGBVs of Upper Assam, Middle Assam and Lower Assam and to fulfill the criteria of representing the entire scenario of Assam. Out of the selected districts:

- In Dibrugarh there is 1 KGBV covering 50 children.
- In Sibsagar there is 1 KGBV covering 50 children.
- In Lakhimpur there is 1 KGBV covering 50 children.
- In Nagoan there is 1 KGBV covering 50 children.
- In Kamrup there are 2 KGBVs covering 100 children each.
- In Barpeta there are 3 KGBVs covering 50 children each in 2 KGBV and 100 in one KGBV.

A total number of nine KGBVs were selected, to assess the awareness levels of drop out adolescent girls of KGBV on the aspects of menstruation. Focus group discussion was held with the warden, teachers and matron and girls of KGBV and also an interview schedule was prepared for data collection which was administered on the girls of KGBV.

The collected data was organized, coded, consolidated and tabulated by using Microsoft excel sheet and analyzed systematically. The preliminary analytical devices expressed in frequency and percentages were used. The open ended questions were analyzed to sort out the similarities and differences of the views expressed by the respondents.

## OBSERVATIONS AND ANALYSIS

The results obtained from the present investigation are presented below:

### **Knowledge on reproductive health and menstruation:**

Results of Table 1 indicates that 100 per cent of the girls received knowledge on reproductive health and menstruation in the KGBVs and the sources were teachers 77.78 per cent, peer group 11.11 per cent and matron 11.11 per cent. The table therefore reveals that the teachers have understood the importance of menstruation and reproductive health of the girls and accordingly tried to create awareness among the girls. It

is very important to educate girls regarding their own health related issues to enable them to make informed choices. Issues on sexuality, gay, lesbian, reproductive health of adolescents and early pregnancy should be discussed in the KGBVs.

Menarche is an important milestone in the life of a girl as this signifies the fertility of a woman. It was observed in Table 2, that majority of the respondents 56.67 per cent were aware that menarche occurred between 11 to 12 years while the rest thought it to be between 13 to 14 years. Many of them 42.50 per cent agreed that

menstruation is unclean/dirty/bad blood while the rest thought it as monthly process. The findings are in concurrence with that of Reddy *et al.* (2005) who found that knowledge of the process of menstruation existed in only a quarter of menarche girls.

A recent study by Sharma *et al.* (2008) explained that though menstrual cycle is a normal monthly function of a healthy female body but the main concerns are delayed menstruation, irregular cycles pertaining to hormonal fluctuations and pain during menses. Table 3, gives the details of various problems of girls during

Sr. No.	Reproductive health and menstruation	Frequency (n=9)	Percentage (%)
1.	Student receive knowledge on reproductive health and menstruation		
	Yes	9	100
2.	Sources of information		
	Teachers	7	77.78
	Peer group	1	11.11
	Matron	1	11.11

Sr. No.	Particulars	Frequency (n=120)	Percentage (%)
1.	<b>Awareness of age at menarche</b>		
	11-12 years	68	56.67
	13-14 years	51	42.50
	Above 14 years	1	0.83
2.	<b>Understanding of menstruation</b>		
	No knowledge	34	28.33
	Dirty/bad/unclean blood	51	42.50
	A monthly process/ Blood which flow from adolescent girls	35	29.17

Sr. No.	Problems	Frequency (n=120)	Percentage (%)
1.	Pain in lower abdomen	117	97.50
2.	Backache	106	88.33
3.	Weakness/tiredness	100	83.33
4.	Body ache	65	54.17
5.	Pain in thighs/ legs	52	43.33
6.	Headache	44	36.67

Sr. No.	Knowledge on menstruation	Frequency (n=120)	Percentage (%)
1.	Keep record of menstruation cycle		
	Yes	85	70.83
	No	35	20.17
2.	Know to maintain hygiene during menstruation		
	Yes	102	85
	No	18	15

menstruation and it is evident that awareness about pain in lower abdomen 97.50 per cent and backache 88.33 per cent were found to be highest followed by weakness/tiredness 83.33 per cent, body ache 54.17per cent, and pain in thighs/legs 43.33 per cent, and headache 36.67per cent.

From Table 4, it is revealed that 70.83per cent girls regularly kept the record of menstruation cycle and 85 per cent also knew to maintain hygiene during that days. Hygiene is an important aspect especially during

menstruation. Proper understanding of menarche and personal hygiene during menstruation significantly influences the reproductive health of adolescents. The girls informed that in KGBVs, the warden and the matron discussed with them how to maintain hygiene during menstruation and the girls who attained puberty at home their mothers have informed them about how to take care of one during those days. The girls also informed that the matron also discussed with them regarding how to use sanitary pads and to dispose them. The girls also informed

**Table 5 : Distribution of responses on providing sanitary napkins in the KGBV**

Sr. No.	Sanitary napkin	Frequency (n=9)	Percentage (%)
1.	Sanitary napkins provided in KGBV		
	Yes	9	100
	No	0	0

**Table 6 : Distribution of the responses on girl's knowledge on practices of do's and don'ts during menstruation**

Sr. No.	Practices (Do's)	Frequency (n=120)	Percentage (%)
1.	Need to stay clean	37	30.83
2.	Wash worn clothes regularly	34	28.33
3.	Washed clothes should be sun dried	10	8.33
4.	Change pad in regular interval	3	2.50
5.	Wash clothes until flow stop	1	0.83
6.	Throw pad in pits	7	5.83
7.	Take bath properly	2	1.67
8.	Eat healthy food	5	4.17
9.	Maintaining hygiene	6	5.00
10.	Washing hair regularly	3	2.50
11.	Burning used pad	2	1.67
12.	Staying cautiously	2	1.657
13.	Less use of clothes as napkins	1	0.83
14.	Using clean clothes as napkin	7	5.83
	<b>Practices (Don'ts)</b>		
1.	Same clothes should not be used as napkins	5	4.17
2.	Not to enter kitchen	23	19.17
3.	Not to touch other things	8	6.67
4.	Not to play and do exercise	10	8.33
5.	Not to sit in others bed	5	4.17
6.	Not to roam here and there	6	5.00
7.	No to enter place of worship	7	5.83
8.	Not to discard used pads here and there	11	9.17
9.	Not to do toilet here and there	10	8.33
10.	Not to consume fish and meat	5	4.17
11.	Not to stand or sit under big tree	6	5.00
12.	Not to touch anything without bath	9	7.50
13.	Not to eat sour food	9	7.50
14.	Not to eat without bath	6	5.00

that sometime the senior girls also used to inform them about menstruation cycle and told them how to take care during those days. A study by Singh (2006) on the perceptions and experiences of women regarding menstruation revealed that friends or other female relatives were the first people to tell the girls about menstruation.

Data presented in Table 5, revealed that 100 per cent of respondents expressed that sanitary napkin were regularly provided to the girls at the KGBVs. But in some KGBVs they informed that pads were supplied for only the first two days of the periods. Moreover only two numbers of pads were provided to the girls for change but it was not sufficient to maintain hygiene for the girls who have heavy flow, therefore they use old clothes. Proper disposal and cleaning of the clothes is also an area of concern in the KGBVs.

In spite of the provision of fund for sanitary napkins it was observed that sufficient amount of sanitary napkins were not provided and most of them had to use old clothes during those days.

The findings of Table 6 reveal that the girls of KGBVs had the basic knowledge and practices do's and don'ts during menstruation. It also indicates that the girls have gained the information by discussion with the warden, teachers, matron, mother, sibling and peer groups in their communities and the KGBVs. Girls also viewed that they felt free to share problem regarding do's and don'ts with their teachers, as the teachers and the girls stayed together, so they became freer with the teachers and shared the problem the girls faced. The teachers also tried to find out the solution for the problems. In some parts of India these negative perceptions are the basis for restricting women's religious and social traditions or taboos that menstruation may be looked on as more than just a physiological process (WHO, 1999). The teachers of KGBVs should emphasis on cleaning and grooming of the girls at KGBVs. Girls should be encouraged to use sanitary napkins and also explain them how it helps to prevent various infections and diseases. They should be informed to convince their friends and other young women in the family to use napkins to maintain hygiene once they go back to their home from KGBVs. The school authority should take the initiative to educate the girls on myths, beliefs and social norms on menstruation. The District authorities should intend to take up the following steps such as

- Organizing awareness campaigns on menstrual hygiene for school children.
- Ensuring the availability of sanitary napkins at girls residential schools
- Trained ANMs can be used as an advocacy group for organizing adolescent advocacy activities.

#### **Limitations :**

All the girls studying in the KGBV were not included in the study. Only 20 per cent sample was considered for the study.

#### **Conclusion:**

Adolescent girls need special care in view of their role in shaping the health and well-being of the present as well as future generations. On an average most adolescent girls in the country have little knowledge of menstruation. Menstruation may be viewed either positively or negatively. For instance, menstruation may be perceived as a sign of fertility, youth or purification of the body, yet at the same time it is also linked with vulnerability and pollution and with attitudes of disgust with shame. Thus awareness among girls on issues related to sexual and reproductive health through proper population education/sex education need to be created and for this, emphasis may be given on various mass media/information, education and communication programmes. There should be a close linkage with the health department for health care and reproductive health information for the adolescent girls at regular intervals in the KGBV or nearby primary health care centers.

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